

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037242

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

541

Registrar's No.

2713

FILED OCT 11 1962

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN ClaytonLength of stay in 1b
DOAc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St. Louis County HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louis

c. CITY
OR
TOWN RiverviewInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
9729 Diamond DriveReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

John

Middle

W

Last

Van Esler

4. DATE
OF
DEATH

Month September

Day

18 1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-28-1920

9. AGE (last birthday)

42

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Caretaker

10b. KIND OF BUSINESS OR INDUSTRY

Surrey Lane
Athletic Ass'n.

11. BIRTHPLACE (City and state and country)

St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William F. Van Esler

13b. MOTHER'S MAIDEN NAME

Mamie Stein

14. NAME OF HUSBAND OR WIFE

Virginia E. Van Esler

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
yes 2nd World War

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Virginia E. Van Esler

Address

9729 Diamond Drive

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE

Crush injury of entire right side of
chest and multiple injuries to left
thigh and lower abdomenConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☒ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Tractor accident

20c. TIME OF
INJURY

Hour

3:00

approx.

p.m.

Month, Day, Year

9/18/62

20d. INJURY OCCURRED
WHILE AT WORK ☒
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

park area

20f. CITY, TOWN, OR LOCATION

Bellefontaine
Neighbors

COUNTY

St. Louis Missouri

STATE

21. I attended the deceased from _____, to _____ and last saw her alive on _____
Death occurred at DOA 3:44 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Gaymard, Paul Coroner

22b. ADDRESS

Clayton, Missouri

22c. DATE SIGNED

9/25/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Sept. 21, 1962

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

Jefferson Barracks, Missouri

(State)

24. FUNERAL DIRECTOR

Math Hermann & Son, Inc., 2161 E. Fair
St. Louis, Missouri

ADDRESS

25. DATE RECD. BY LOCAL REG.

9-20-62

26. REGISTRAR'S SIGNATURE

John W. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

14002

2 40372

3

4 0

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9 9124

10 8

11 144

12 92-3

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Julius R Brown

Licensed Embalmer No. 5146

P. O. Address St Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.